

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445277	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING	(X3) DATE SURVEY COMPLETED  05/31/2017
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NAME OF PROVIDER OR SUPPLIER  STARR REGIONAL HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWAH, TN 37331
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 700 SS=F	<p>A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 5/31/17. During this Life Safety Survey, Starr Regional Health and Rehab Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.</p> <p>The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:</p> <p>NFPA 101 Operating Features - Other</p> <p>Operating Features - Other</p> <p>List in the REMARKS section any LSC Section 18.7 and 19.7 Operating Features requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included in Form CMS-2567. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have 4 year fire damper inspections per the requirements of;</p> <p>NFPA 101, 2012 Edition 19.7.6, 4.6.12.1 NFPA 80, 2010 Edition 19.4.1.1</p> <p>The deficiency affected 3 of 3 smoke compartments.</p> <p>The findings include:</p> <p>Record review and interview with the</p>	K 700	<ol style="list-style-type: none"> <li>What corrective action will be accomplished for those resident found to have been affected by the deficient practice? Director of Plant Operations will complete a fire damper inspection by 7/16/2017.</li> <li>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by this deficient practice. Fire damper inspection will be scheduled every 4 years.</li> <li>What measures will be put in place or what systematic changes will you make to ensure that the same type of deficient practice does not recur? Preventative maintenance work order will be inputted to be generated automatically every 4 years for fire damper inspection.</li> <li>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place? Results of the audit will be introduced into the monthly QAPI meeting and monitored for any changes and presented to the monthly Quality Assurance Performance Improvement (Administrator, Director of Nursing, and Medical Director) Committee x 3 months for further suggestions and/or follow up as needed.</li> </ol>	7-16-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X3) DATE

ADMINISTRATOR

6-16-17

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

STARR REGIONAL HEALTH & REHABILITATION

886 HWY 411 NORTH

ETOWAH, TN 37331

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K 700	Continued From page 1 maintenance director, on 5/31/17 at 10:45 AM confirmed the last 4 year fire damper test and inspections were conducted in December 2012.  The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 5/31/17.	K 700		